

D.I. # _____

CIVIL ACTION

NUMBER: _____

06 cv 686

U.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To:	
Postage	\$ 0.63
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.88
	
Name (Please Print Clearly) (To be completed by mailer) WARDEN VINCE BANCROFT	
Street, Apt. No.; or PO Box No. CENTRAL VOPCTR, 875 Smyrna Landing Rd	
City, State, ZIP+ 4 Smyrna, DE 19977	
PS Form 3800, July 1999 See Reverse for Instructions	

7099 3220 0010 0100 1E98 8651